BEST AVAILABLE COPY

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Application or Docket Number	
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PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

09/	1054	H801
	$U_{\mathcal{I}}$	0 -

Effective December 29, 1999						09/654801				
		CLAIMS AS	FILED - olumn 1)		mn 2)	SMALL TYPE	ENTITY	OR	OTHER SMALL	
FC)R	NUMBE	R FILED	NUMBER	EXTRA	RATE	FEE	1 1	RATE	FEE
ВА	SIC FEE						345.00	OR		690.00
то	TAL CLAIMS	153	minus 2	20= + /3/3		X\$ 9=		OR	X\$18=	2394-
INDEPENDENT CLAIMS					X39=		OR	X78=	390 -	
MU	LTIPLE DEPENDE	ENT CLAIM PF	RESENT	\mathcal{N}		+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	3474	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) SMALL ENTITY OR				OTHER THAN SMALL ENTITY					
ENT A	7.00	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total *		Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent +		Minus	***	=	X39=		OR	X78=	
	FIRST PRESENT	TATION OF MU		ENDENT CLAIM		+130=		OR	+260=	
			** <u>\\$\</u>	•		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	Granda and an and an and an	(Column 2)	(Column 3)					
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total *		Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent +		Minus	***	=	X39=		OR	X78=	
	FIRST PRESEN	IATION OF MU	JETIPLE DEF	PENDENT CLAIM		+130=		OR	+260=	
						TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)	7,007122	<u> </u>	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total *		Minus	**	=	X\$ 9=		OR	X\$18=	
AMENDMENT	Independent *		Minus	***	=	X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										
**	If the "Highest Numb If the "Highest Numb	er Previously Pa	aid For" IN THE	S SPACE is less tha	n 20, enter "20."	ADDIT. FEE		OR	TOTAL ADDIT. FEE	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NINEER 09/654801

Total For Cabalings

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	g		September 1995	. #	٠	<u> </u>
Color Film (Fire Color Films (Films (<u>153</u>	<u>33</u> <u>5</u>		690- 18- 78-	690- 2394- 390-
TOTAL FEE CALCULA					0	3604.00
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Tomi Eding Feed Over =		3,604	C.00			- .
Cess Filing Fees Submit	ted of	\mathcal{O}_{-}			-	<u>-</u>
Oxice of Initial Patient Ex	aminamon	3,604	200			
FORM OIPE-PANIAL (Rev. 1	297)	Ligi	10± 7			